

TOP 10 TAKEAWAYS FROM NCPA'S SPECIALTY FORUM

Marsha K. Millonig, MBA, BPharm, President & CEO, Catalyst Enterprises, LLC

1. An increasing number of community pharmacies have the capabilities to provide specialty pharmacy services.

Some community pharmacies have built the infrastructure to provide the full suite of specialty services on their own, others have partnered with specialty pharmacies or specialty solutions companies (e.g., [Aureus Health Services](#), [Diplomat](#), [KloudScript](#)). Additionally some community pharmacies are working with their wholesale distributors.

2. Community pharmacists understand this isn't business as usual and want to earn the specialty business.

Participants at the standing room only NCPA Specialty Forum were fully engaged in the discussions, and the conference buzzed with energy. Community pharmacists were clear in recognizing the need within specialty pharmacy services for data collection and reporting, patient assistance programs, prior authorizations, improving time to therapy, adherence and persistence, and offering superior customer service capabilities.

3. Patients want easy access and care from their chosen providers.

Patient advocates note patients need help accessing medications and evaluating plans that meet their health care needs in an affordable and personalized manner. Liz Helms of the California Chronic Care Coalition emphasized how patients' pharmacists are an integral part of their care team and every effort should be made to avoid splitting their pharmacy care among multiple providers.

4. Community pharmacy is well positioned for the patient centric practice required for specialty pharmacy services.

The relationship with the patient is at the center of a specialty pharmacy's suite of services. The core culture of taking care of the patient that is a staple at independent community pharmacies is a core strength upon which to build specialty services.

5. There are multiple models for community pharmacists to care for their specialty patients from building capacity internally to partnering with others.

Pharmacy owner Phil LaFoy of [Blount Specialty Pharmacy](#) shared the approach he took to build a capability internally. This included physical space, dedicated team members including sales and marketing, training, technology support for data collection and patient management, and accreditation.

Alternatively, various types of partnerships exist allowing community pharmacies to access the business infrastructure required to offer specialty pharmacy services. Highlighted at the NCPA Specialty Forum were (e.g., [Aureus](#), [Diplomat](#), [KloudScript](#)).

6. Accreditation of pharmacies offering specialty pharmacy services serves to provide payers with assurances that the providers can meet their expectations.

A number of organizations provide accreditation of specialty pharmacy services, including:

- a. [The Accreditation Commission for Health Care](#)
- b. [The Center for Pharmacy Practice Accreditation](#)
- c. [URAC Pharmacy Accreditation](#)
- d. [The Compliance Team Exemplary Provider® Accreditation](#)

Different payer organizations may prefer one type of accreditation over another and it is important for community pharmacy owners to understand which is preferred based on the client relationships they are building.

7. Manufacturers and payers should include community pharmacies in their specialty pharmacy plans.

Community pharmacies with the capabilities to deliver the services required for specialty patients combined with community pharmacists' patient relationships is a winning formula for both pharmaceutical manufacturers and payers. These pharmacies can address the important access and adherence issues and also identify patients who may be appropriate for therapies.

8. Specialty pharmacy is not a defined class of products but rather products and services managed as a formulary tier by payers and often with controlled distribution by manufacturers.

They may share some or all of the following characteristics:

- High cost – generally greater than \$600 per month (Medicare Part D designation)
- Indicated for the treatment of a chronic, rare illness
- Injectable or infused route of administration, but may also be oral or other route of administration
- Complex manufacturing (e.g., biologics)
- Special storage and handling (e.g., refrigeration) requirements
- Complex monitoring for patient compliance, persistency, and side effects

Having an agreed upon understanding of what specialty medications and/or specialty pharmacy means among parties in a relationship to contract for and provide services is important.

9. Specialty pharmacy is a significant part of the market today and will be even more important in the future.

The specialty pharmacy market was about 38% of the total drug spend in 2014, and that is expected to rise to more than 50% by 2018. The robust drug pipeline is a factor in this growth as are changes in the way health care is being delivered through outcomes-based delivery and payment structures.

10. Community pharmacies must market their capabilities to local providers.

When building their services, community pharmacies need to determine their offering, including which disease states they are going to serve. Some community pharmacies have been successful by beginning with one disease state, building the infrastructure and relationships to support the service, then they expand to other disease states.

When marketing their capabilities, the community pharmacist must recognize that physicians who prescribe these products need assurance their patients will be able to access them. As such, trust between the physician and specialty pharmacy provider is paramount. Community pharmacists should therefore leverage their relationships with local providers in pursuit of disease-state and health condition management.